

# Privacy Release Form

## Office of Congressman George W. Gekas

Subject/Problem: \_\_\_\_\_

Agency: \_\_\_\_\_

In accordance with Title 5, Section 552a of the United States Code, I hereby authorize Congressman George W. Gekas to request assistance on my behalf with the above-mentioned subject or problem and the agency mentioned above. I further authorize discussion of my records with Congressman Gekas and/or his designated representative for a period of one year from the date below.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Apt. #

City

State

Zip code

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_

Print out this document, fill in all blank spaces and return to the nearest office below:

### ***Harrisburg Office***

Suite 202  
3605 Vartan Way  
Harrisburg, PA 17110  
Phone: (717) 541-5507  
Fax: (717) 541-5518

### ***Elizabethtown Office***

Suite 102-A  
222 South Market Street  
Elizabethtown, PA 17022  
Phone: (717) 367-6731  
Fax: (717) 367-6602

### ***Lebanon Office***

108 B Municipal Building  
400 South 8th Street  
Lebanon, PA 17042  
Phone: (717) 273-1451  
Fax: (717) 273-1673